

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5-18-04.

I. DISPUTE

Whether there should be reimbursement for date of service 6-25-03.

II. FINDINGS

Based on review of the disputed issues within the request, the Medical Review Division dismissed the medical necessity request (CPT code L0565) due to nonpayment of the IRO fee by the health care provider. Therefore, the file contains unresolved medical fee issues only. The Division shall proceed to resolve the medical fee dispute in accordance with Rule 133.307.

On 7-22-04 the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice. These medical fees are discussed in Section III.

III. RATIONALE

The following services were denied by the carrier with a "G" denial code: CPT codes 76000WP, A4649 (8 instances), A4209, A4215, A4245, J7120, A4615, A4454, A4200, J0690, J2000, 99070ST, A4645, and J2912. Rule 133.304 (c) Carrier didn't specify which service these items were global to, therefore they will be reviewed according to the 96 MFG. Per Rule 133.307(g)(3)(D) regarding DOP CPT codes, the requestor is required to discuss, demonstrate and justify that the payment being sought is a fair and reasonable rate of reimbursement. The Requestor has provided sample EOB's and invoices as evidence that the fees billed are for similar treatment of injured individuals and that reflect the fee charged to and paid by other carriers. **Recommend reimbursement of \$681.15.**

The following services were denied by the carrier with an "F" denial code: CPT codes A4649 (four instances) and 99070. (See note above regarding DOP codes.) In accordance with Rule 133.307 (g)(3)(A-F), the requestor submitted relevant information to support delivery of service and the carrier did not reimburse partial payment or give a rationale for not doing so. **Reimbursement is recommended in the amount of \$26.50.**

Neither party submitted an EOB for CPT codes A7002 or J2250. Review of the requester's documentation revealed that there is no proof of billing in accordance with Rule 133.307 (f)(3).

Reimbursement is not recommended.

IV. DECISION AND ORDER

Pursuant to 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) for dates of service through July 31, 2003; plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable for date of service 6-25-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 3rd day of November, 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

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